S. No. 2
0M—2-43
5-17-39
X33897

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17378

FILED JUN 8 1943
Registration District No. 22

Primary Registration District No. 1800

Registrar's No. 574

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 309 So 12th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 309 So 12th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roscoe Chestnut Cox

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 13 1878 (Month) (Day) (Year)

8. AGE: Years 65 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Buchanan Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Real Estate Dealer

11. Industry or business

FATHER
12. Name Jacob Cox
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Maria Chestnut
15. Birthplace Davis Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Josephine Cox
(b) Address 309 So 12th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address 1946 Colhoun St.

19. (a) 5-26-43 (Date received local registrar) (b) Rose Fleeman (Registrar's signature)

1233 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 23, 1943 to May 24, 1943 that I last saw him alive on May 20th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	
Due to 92	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature B W Tadlock (M. D. or other)
Address King Hill Bldg. St Joseph, Mo. Date signed 6/4/43

AUG 12 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., ~~Registered Apprentice No.~~.....

working under my personal supervision.

Signed Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.